File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use On	v
Comm. #	
Logged in	
Scenned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization) Freitag for Auditor IMPORTANT: Indicate by # type of controlities you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retantion Candidate (2)State PAC (3)State Party Sterewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 Obunty Central Committee (5)County Candidate (5)Ctly Candidate (7)School Board or Other Politica Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Candidate Name Dennis Freitag Republican Office Sought
Clayton County Auditor District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to lows Code sections 68B.32A(7) and 68A,401(3), the candidate, for a (563) 245-134 SIGNATURE OF PERSON FILING PEPORT I AM FILING A _July 21, 2008 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1 (report date) CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Clayton STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 20.18 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happlies to Candidates' Committees Only) SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule F: Loan Repayments total (Attach Schedule F)..... 20.18 CASH ON HAND at the end of this reporting period (if final report balance must be zero) **UNPAID BILLS (From Schedule D - Attach Schedule D) 64.23 *IN KIND CONTRIBUTIONS (From Schedule E - Artach Schedule E)..... 801.75 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled compaign account bank statement in January of each year.

R INSTRU	ICTIONS, SEE BACK	OF FORM				: 	SCHEDULE	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)							(Rev. 06/97)	
Freitag f	or Auditor							
				: 1				CTHIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME OF C	AND ADDRESS CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
07-03-08	Dennis Freitag 902 N Main St; E	ilkader, TA 52043	self	parade candy	\$ 64.23	
	:					
				SUB-TOTAL		·
				TOTAL (if last page of this achedule)	64.23	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

	or lle reports mor		nities which is deposited in the	committee account.	(Rev. 02/08) CHECK AMENDIN	
i MONETA	RY LOANS R	AST REPORTING PE ECEIVED THIS REPO such as a bank, must	RTING PERIOD	olved. Include loans from candi		- 1
DATE RECEIVED (MM/DD/YR)		NAME AND ADDRE (Include Endorser's N	SS OF LENDER arne, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT (OF LOAN
					S	: !
				TOTAL (PART I)	\$	
		be reported on Schedu	<u>THIS</u> REPORTING PERIOD lie E In-kind Contributions.)			:
DATE PAID (MM/DD/YR)		NAME AND ADDRI (Include Endorser's N		RELATIONSHIP TO CANDIDATE* (If Applicable		REPAID
			e E			:-
						1 1
						-
-			TOTAL CASH	REPAYMENTS (PART II)	\$	